

County: Waupaca
WEYAUWEGA HEALTH CARE CENTER
717 EAST ALFRED STREET

Facility ID: 9420

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WEYAUWEGA 54983 Phone: (920) 867-3121
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 93
Total Licensed Bed Capacity (12/31/02): 93
Number of Residents on 12/31/02: 81

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 78

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			50.6
Supp. Home Care-Personal Care	No						More Than 4 Years			28.4
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	6.2				21.0
Day Services	No		Mental Illness (Org./Psy)	30.9	65 - 74	12.3				-----
Respite Care	Yes		Mental Illness (Other)	6.2	75 - 84	42.0				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	34.6				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9				Full-Time Equivalent
Congregate Meals	No		Cancer	0.0		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	0.0		100.0				(12/31/02)
Other Meals	Yes		Cardiovascular	12.3	65 & Over	93.8				-----
Transportation	No		Cerebrovascular	11.1		-----				RNs 12.1
Referral Service	No		Diabetes	4.9	Sex	%				LPNs 6.0
Other Services	No		Respiratory	3.7		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	30.9	Male	35.8				Aides, & Orderlies 43.3
Mentally Ill	No			-----	Female	64.2				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	13	100.0	239			51	100.0	108	0	0.0	0	17	100.0	145	0	0.0	0	0	0.0	0	81	100.0
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0				51	100.0		0	0.0		17	100.0		0	0.0		0	0.0		81	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing				Total	
				Assistance of		% Totally		Number of	
Private Home/No Home Health	15.9	Daily Living (ADL)	Independent	One Or Two Staff		Dependent		Residents	
Private Home/With Home Health	0.0	Bathing	0.0	74.1		25.9		81	
Other Nursing Homes	4.5	Dressing	12.3	69.1		18.5		81	
Acute Care Hospitals	77.1	Transferring	24.7	49.4		25.9		81	
Psych. Hosp.-MR/DD Facilities	1.3	Toilet Use	18.5	48.1		33.3		81	
Rehabilitation Hospitals	0.0	Eating	58.0	30.9		11.1		81	
Other Locations	1.3	*****							
Total Number of Admissions	157	Continence		%	Special Treatments				
Percent Discharges To:		Indwelling Or External Catheter	12.3	Receiving Respiratory Care			27.2		
Private Home/No Home Health	23.8	Occ/Freq. Incontinent of Bladder	51.9	Receiving Tracheostomy Care			0.0		
Private Home/With Home Health	13.9	Occ/Freq. Incontinent of Bowel	43.2	Receiving Suctioning			1.2		
Other Nursing Homes	13.2			Receiving Ostomy Care			2.5		
Acute Care Hospitals	7.3	Mobility		Receiving Tube Feeding			2.5		
Psych. Hosp.-MR/DD Facilities	1.3	Physically Restrained	18.5	Receiving Mechanically Altered Diets			39.5		
Rehabilitation Hospitals	0.0								
Other Locations	6.6	Skin Care		Other Resident Characteristics					
Deaths	33.8	With Pressure Sores	11.1	Have Advance Directives			100.0		
Total Number of Discharges		With Rashes	4.9	Medications					
(Including Deaths)	151			Receiving Psychoactive Drugs			60.5		

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83.4	85.1	0.98	88.5	0.94	86.7	0.96	85.1	0.98
Current Residents from In-County	70.4	75.4	0.93	72.5	0.97	69.3	1.02	76.6	0.92
Admissions from In-County, Still Residing	14.6	20.1	0.73	19.5	0.75	22.5	0.65	20.3	0.72
Admissions/Average Daily Census	201.3	138.3	1.46	125.4	1.61	102.9	1.96	133.4	1.51
Discharges/Average Daily Census	193.6	139.7	1.39	127.2	1.52	105.2	1.84	135.3	1.43
Discharges To Private Residence/Average Daily Census	73.1	57.6	1.27	50.7	1.44	40.9	1.79	56.6	1.29
Residents Receiving Skilled Care	100	94.3	1.06	92.9	1.08	91.6	1.09	86.3	1.16
Residents Aged 65 and Older	93.8	95.0	0.99	94.8	0.99	93.6	1.00	87.7	1.07
Title 19 (Medicaid) Funded Residents	63.0	64.9	0.97	66.8	0.94	69.0	0.91	67.5	0.93
Private Pay Funded Residents	21.0	20.4	1.03	22.7	0.93	21.2	0.99	21.0	1.00
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	37.0	30.3	1.22	36.5	1.02	37.8	0.98	33.3	1.11
General Medical Service Residents	30.9	23.6	1.31	21.6	1.43	22.3	1.38	20.5	1.51
Impaired ADL (Mean)	50.4	48.6	1.04	48.0	1.05	47.5	1.06	49.3	1.02
Psychological Problems	60.5	55.2	1.10	59.4	1.02	56.9	1.06	54.0	1.12
Nursing Care Required (Mean)	11.1	6.6	1.68	6.3	1.77	6.8	1.63	7.2	1.54